

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34376

1. PLACE OF DEATH
County St. Louis Co. Hospital Registration District No. 790
Township Central Primary Registration District No. 60339
City Clayton Mo (No. St. Louis Co. Hosp)
2. FULL NAME Orvie Bradley
(a) Residence, No. 413 So Geyer Rd St. St. Louis Ward. 131
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Bradley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17th 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

13. NAME Zachariah Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John C Bradley
413 So Geyer Rd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Macon Mo DATE 10-22 1933

19. UNDERTAKER (ADDRESS) Staten & Humphreys
Kirkwood Mo

20. FILED 10/24 1933 Robert H. Hinchman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1933 to Oct 21 1933

I last saw him alive on 10-21 1933 Death is said

to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

chronic myocarditis
acute dilatation of heart
hypertension
arteriosclerosis
ulcers of stomach
arteriosclerotic kidney
Other contributory causes of importance:
hypertension
arteriosclerosis
ulcers of stomach
arteriosclerotic kidney
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. G. Burkhardt M. D.
(Address) St. Louis Co Hosp
Clayton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MAY 14 1949